LEAVE REQUEST

Name: ____________________________________________ Date: ___________________

Department: _____________________________________ PIDM #: __________

Period of Leave: From: __________________________ To:_____________________

Total Hours Claimed:_______________________________

Please Check One:
[  ] Vacation Leave     [  ] Leave without pay

[  ] Sick Leave (Doctor’s note may be required)  [  ] Jury Duty/Bereavement

Employee’s Signature:_____________________________  Date:___________________

Supervisor’s Signature:____________________________  Date:___________________

Payroll Use Only:
Vacation Hours Available:______________ Sick Hours Available:______________

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